

DEC 31 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42035

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Greenwood (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: in So Edge of town
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 months
years, months or days

3. (a) PRINT
FULL NAME

Annis S. Black

3. (b) If veteran, _____

name war _____

3. (c) Social Security

No. no

4. Sex 7

5. Color or

race W

6. (a) Single, widowed, married,

divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if

alive _____

years

7. Birth date of deceased April 14 - 1869

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

71

7

24

hr.

min.

9. Birthplace Jackson County Ohio

(City, town, or county)

(State or foreign country)

10. Usual occupation Home work

11. Industry or business Home

12. Name John W. Black

13. Birthplace Jackson Co. Ohio

(City, town, or county)

(State or foreign country)

14. Maiden name Eliza Harvey

15. Birthplace Jackson Co. Ohio

(City, town, or county)

(State or foreign country)

16. (a) Informant Mrs Josephine Young

(b) Address Greenwood

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 12-10-41

(Month)

(Day)

(Year)

(c) Place: burial or cremation Greenidge gro

18. (a) Signature of funeral director N. B. Anderson

(b) Address Greenwood

19. (a) 12-9-41

(Date received local registrar)

(b) Mrs. B. L. E. Hagen

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Greenwood (If outside city or town limits, write "RURAL")
(d) Street No. in town (If rural, write street name)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8
year 1941 hour 10 minutes 20 P.M.

21. I hereby certify that I attended the deceased from Oct. 26, 1941, to Dec. 8, 1941,
that I last saw him alive on Dec. 8, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death.

Coronary Occlusion

Duration

1 day

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Clint P. Miller (M. D. or _____)
Address 24 Summit Mo Date signed 12/9/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.